

****Creating your Provider and Client lists****

This document is a field –by –field instructional help sheet. The fields are listed in a right to left format as they appear in the Provider Electronic Solution Software. Those fields with “ Not Required” listed as a value, are present on the list per HIPAA regulations and are not needed. This software will **not** allow you to save information with a required field missing. Auto populated fields have the valid value already present and do not need to be entered.

First we will create the Provider list. The information here will work for the “Other Provider” list as well.

FIELD	VALUE
Provider ID	Your 10 digit National Provider Identifier or your 7 digit Medicaid provider number
Provider ID Code Qualifier	IF you entered a 10 digit National Provider Identifier select XX = HCFA National Provider Identifier IF your entered a 7 digit Medicaid provider number select 1D = Medicaid Provider Number
Taxonomy Code	IF you entered a 10 digit National Provider Identifier you must enter your 10 digit Taxonomy code (this is NOT your Tax ID number)
Entity Type Qualifier	If you are an Individual Physician or Practitioner you would choose 1 = Person from the drop down list. If you are a Physician Group, Institution, Group Home, or Agency you would choose 2 = Non – Person from the drop down box
Last/Org Name	This will either be your last name or your group/agency/institutions name
First Name	This will be your first name if you chose a 1 for Entity Type Qualifier
MI	Not Required
Suffix	Not Required
SSN/Tax Id	This is the number for which you report your income to the federal government
SSN/Tax Id Qualifier	If you report under a SSN then you would select 34 = Social Security Number from the drop down list. If you report under a Tax Id you would select 24 = Employers Identification number from the drop down list.
Provider Address	This is the address where services are rendered. All fields must be complete.

Once all the fields are updated you will choose **SAVE**. If you have more than one provider number you are billing for, after you hit save you will want to choose the **ADD** button to clear the fields for updating. Follow the above listed steps until all your providers are entered.

Please note that the **National Provider Identifier** and **Taxonomy** is **required** when billing electronically unless you are not required by CMS guidelines to obtain one.

Now we will create you client list.

FIELD	VALUE
Client Id	This is the client Medicaid identification number you would be reimbursed for. Commonly the client's Social Security number.
ID Code Qualifier	Auto Populated to MI = Member ID
Account Number	This is required and we recommend using the client's ID
Client's SSN	Not Required
Last Name	Client's last name
First Name	Client's first name
MI	Not Required
Client DOB	Client's Date of Birth
Gender	Male or Female
Suffix	Not Required
Subscribers Address	This is the address where the client resides. All fields must be complete.

Once all the fields are updated you will choose **SAVE**. If you have more than one client you are billing for, after you choose save you will want to choose the **ADD** button to clear the fields for updating. Follow the above listed steps until all your clients are entered.